weeks. They were all private cases, as I have no clinic connections.

The mechanical results will be given first, because an operation itself is a mechanical procedure.

There were only two operative mishaps. One was the loss of a bead of vitreous which did no harm, as the final visual result was 20/30 in the presence of a diabetic fundus. The other was an iridodialysis due to the patient jerking his head at the preliminary iridectomy. This also did no harm, because the visual result was 20/20 part.

One eye was lost from infection. The patient, a diabetic, seventy-eight years old, tore off the dressings, rubbed the eye and opened the wound, which became infected, and the eye was destroyed.

There were no immediate serious complications such as glaucoma, prolapsed iris, etc.

Out of the sixty patients, ten had marked fundus pathology such as myopic changes, macular degenerations (diabetic, nephritic, and senile), and one case of retinal detachment present before operation, which was done merely to increase a visual field.

The following table gives the visual results in the remaining fifty:

	Patients
20/16 full or in part	18
20/20 full or in part	15
20/25 full or in part	8
20/30 full or in part	4
20/40 full or in part	4
Eye lost	1

Several of the 20/30 and 20/40 patients had faint pupillary membranes, needling of which would have improved vision. It was not done because the patients were able to read in comfort.

These results will not suffer by comparison with those of any operator, no matter how many he might do per week. I will admit that when I was doing four operations per week in Manila, twenty-five years ago, I could make a smoother incision, but my final results could not be compared with my present work.

Very truly,

RODERIC O'CONNOR.

450 Sutter Street.

Subject of Following Letter: Editorial on Optometrists in May California and Western Medicine.

The Committee on the Costs of Medical Care
910 Seventeenth Street
Washington, D. C.
May 19, 1932.

To the Editor:—Permit me to call your attention to a number of errors in your editorial in the May 1932 issue dealing with my report, "Midwives, Chiropodists, and Optometrists," one of the publications of the Committee on the Costs of Medical Care.

On page 355, under the heading "Pathetic Example of Incapacity to Understand Standards of Scientific Medicine," you state:

"But where Louis S. Reed, Ph. D., speaking in print for the Committee on the Costs of Medical Care, shows a seeming and woeful ignorance or incapacity to understand medical practice is in those portions of his survey in which he emphasizes statements that the simpler (?) types of refractive errors do not need highly trained expert knowledge or judgment! *He seemingly forgets or does not know that broad knowledge and training are necessary as a proper foundation for accurate diagnosis; and that he who does not possess such is not in position to know when his services can or cannot be legitimately employed.* (My italics.) It is the old specious plea of the cultists, who secure their legislative recognition by asserting that they treat only a limited number of diseases and these by special methods, and therefore do not require such extensive education and high requirements. It is blissful economic arrangement for those who profit by it, but unworthy of promulgation by spokesmen of the Committee on the Costs of Medical Care."

Now it so happens that my statements in this section of the report are the exact opposite of what is indicated by your comments. Throughout the section I stress the necessity of patients being examined by one who has a general medical training. Thus, on page 57 of the report, I say,

"It is obvious that optometrists now perform needed services. Nevertheless there are certain valid objections to the present place of these practitioners in medical care. 'The body,' as one physician has said, 'is a whole, one and indivisible, in pathology and for purposes of diagnosis. It can best be cared for by those who understand this and have been broadly trained in all that pertains to the body and its health, so that however they may specialize they have a good understanding of the limits of their specialty and can intelligently advise as to what directions relief from any particular symptom or group of symptoms should be sought.'"

On the following page, I say,

"Ideally, optometrists, because of the limitations of their present training, ought not to accept patients independently."

And a little further:

"On the one hand are optometrists not sufficiently trained to diagnose eye conditions. . . ."

It ought, then, to be sufficiently plain that the paragraph of your editorial quoted above is quite without foundation.

In the concluding paragraph of your editorial you impute to me the advice that eye physicians should undertake "the assimilative process into ophthalmology on full professional status, of all the optometrists. . . ." This is certainly your idea, not mine. In speaking of the aspiration of optometrists to become professional people, I simply indicate what their ideas are in the matter, and certainly do not undertake to sponsor those aspirations.

I do not quite see how the suggestion that ophthalmologists utilize optometrists as auxiliaries in the same way that physicians utilize other technical assistants, can be described as the assimilation of optometrists into ophthalmology.

In view of the erroneous statements in this editorial, may I request that you publish this letter in your journal.

Very truly yours,

(Signed) LOUIS S. REED.

* * *

Comment by the Editor of California and Western Medicine.—When the CALIFORNIA AND WESTERN MEDICINE comments above referred to were written, the editor was quite aware they would probably not appeal to the authors of Volume 15 of the publications of the National Committee on Costs of Medical Care. The comments dealt largely with certain excerpts printed in the May CALIFORNIA AND WESTERN MEDICINE, which should indicate whether the editor was right or wrong in his statements. A copy of the May CALIFORNIA AND WESTERN MEDICINE was promptly sent to the chairman of the committee, and was acknowledged by Doctor Wilbur.

The editor has no wish to misrepresent the information in Volume 15 on optometrists, as is evidenced by the fact that prior to the publication of the editorial he had also written to the officers of the Section on Eye, Ear, Nose, and Throat of the California Medical Association urging that action be taken by that Section to place a copy of Volume 15 in the hands of every California ophthalmologist. The editor also sent copies of the May CALIFORNIA AND WESTERN MEDICINE to the editor of the *American Journal of Ophthalmology* and to Dr. A. E. Bulson, editor of the *Journal of the Indiana State Medical Association.* Doctor Bulson has for many years been very active in the Section of Ophthalmology of the American Medical Association. The editor takes the liberty of printing the following excerpts from replies received from Doctor Post and Doctor Bulson:

* * *

AMERICAN JOURNAL OF OPHTHALMOLOGY
Saint Louis,
May 25, 1932.

". . . I enjoyed your excellent editorial on the report of the Committee on Costs of Medical Care, with

reference to the optical problem. I think your point of view is correct. . . . I congratulate you on your firm stand and thank you for sending me the article.

Very sincerely yours,

(Signed) LAWRENCE T. POST."

* * *

THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

June 2, 1932.

"Doctor Bulson directs me to thank you for the copy of CALIFORNIA AND WESTERN MEDICINE which you sent to him. He has just returned from an extended southern trip which included the New Orleans session of the American Medical Association, and finds your letter awaiting his attention.

"He directs me to tell you that he had not seen the last report of the Committee on the Costs of Medical Care, but is much interested in your analysis of it. He has been somewhat disgusted with some of the reports of the committee which, he believes, are biased and which do not always bring out all of the facts. Doctor Bulson believes as you do, that medical editors ought to take more interest in these reports and publish dissenting opinions when the same seem applicable. . . .

Very truly yours,

(Signed) HOPE TOMAN,
Secretary to Doctor Bulson."

ON COMPENSATION TO PHYSICIANS—A SOUTH AFRICAN QUESTIONNAIRE

For Professional Services Rendered in Public Hospitals

In a news letter from South Africa that came into his hands several weeks ago, the editor of CALIFORNIA AND WESTERN MEDICINE read an item concerning a referendum or questionnaire vote that was being carried through by the Medical Association of South Africa on the subject of proper compensation to physicians giving services in public and other services. To secure more definite information thereon, the editor wrote to the Medical Association of South Africa. Below are printed the reply of the *S. A. Medical Journal* and the form blanks received. These may have a suggestive value to American physicians.

* * *

The letter from Doctor Leipoldt, editor of the *South Africa Medical Journal* is as follows:

To the Editor:—We are mailing you the questionnaire of the first and second referendum, but I doubt very much whether this will give you the information you require.

The gist of the matter is that the profession has made up its mind not to do honorary work except in teaching hospitals, where an adequate *quid pro quo* is provided in the shape of advertisement through teaching. Our hospitals are all state-supported, and the smaller ones are merely nursing homes. While the state accepts responsibility for the pauper in everything except sickness (as he is a valuable political asset), we think that gratuitous work is unbusinesslike and unethical.

There are many men educated in English schools and saturated with the English principle of voluntarism who are against the policy of demanding payment, but the majority here favor payment for all services rendered, inclining to the view that the medical man does quite enough private *pro deo* work.

I am interested in your article on overcharging, as our Association is just now considering this question of a uniform scale of fees. Owing to the expanse of country and wide local differences, uniformity will be very difficult to obtain, but I fear we must tackle this matter sooner or later, else we will have scandals here very similar to those to which you allude in your editorial. I shall be glad to exchange journals with you and to put CALIFORNIA AND WESTERN MEDICINE on our exchange mailing list, and trust that you will reciprocate.

Yours faithfully,

C. LOUIS LEIPOLDT, *Editor.*

* * *

The two referendum voting blanks referred to above are as follows:

THE MEDICAL ASSOCIATION OF SOUTH AFRICA
DIE MEDIESE VERENIGING VAN SUID AFRIKA
(British Medical Association)

FEDERAL COUNCIL

Cape Town,
October 13, 1930.

Referendum to Branches and Divisions of the Medical Association of South Africa (B. M. A.) on Payment for the Treatment of "Free" Patients in Public Hospitals.

Note.—The Association has already affirmed the principle of the desirability of payment to medical men treating "part-paying" patients.

"Free" patients in all these questions means patients who make no payment whatever to the hospital.

Question 1.—Is it desirable and expedient that the Association should press for the payment for the treatment by medical men of all "free" patients in all public hospitals in the Union?

Votes: For ..... Against .....

Question 2.—Assuming the referendum to be against a policy of payment for the treatment of "free" patients in all public hospitals, is it desirable and expedient that the Association should press for the payment for the treatment of "free" patients in:

(a) General Hospitals with Medical Schools attached.
Votes: For ..... Against .....
(b) General Hospitals without Medical Schools attached.
Votes: For ..... Against .....
(c) First and Second Grade Hospitals.
Votes: For ..... Against .....
(d) Clearing Hospitals.
Votes: For ..... Against .....

(N. B.—The terms used are those employed by the Hospital Survey Commission which recommended that public hospitals should be classified in accordance with the following definitions:

(1) A general hospital is a hospital for acute medical and surgical treatment, fully staffed and equipped in its different departments for providing general and specialist treatment.

(2) A first grade hospital is a similar hospital on a small scale, but not equipped for providing all forms of specialist treatment.

(3) A second grade hospital is a similar institution on a smaller scale equipped for dealing with ordinary medical or surgical cases with the intention that cases of special difficulty should be sent on to a larger institution.

(4) A clearing hospital is a small institution which is staffed and equipped for furnishing first aid and dealing with simple cases, major surgery except in cases of emergency and—when possible—serious medical cases being transferred to a larger institution.

Question 3.—Assuming the referendum to be in favor of a policy of payment for the treatment of "free" patients in all or certain classes of hospitals, should the payment be:

(a) On a basis of the services rendered to each individual patient.
Votes: For ..... Against .....
(b) By annual salary paid to one or more medical men who would undertake to treat such cases.
Votes: For ..... Against .....

Question 4.—Assuming the referendum to be in favor of a policy of payment for the treatment of "free" patients in all or certain classes of hospitals, and that this policy is agreed to by the Provincial Administration, but the latter deny representation to the medical profession on the boards or committees of management of hospitals, which was granted after prolonged opposition solely in recognition of the fact that these services were given free, would the Association be justified to press for such representation.

Votes: For ..... Against .....

I certify that the entries of votes under each question of this form are true and correct.

.....
Honorary Secretary.
..... Branch/Division.